FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 29 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000039472 (3)**

1. Corporate Name
SPECIALTY TEAMING AND TECHNOLOGIES, INC.

Principal Place of Business
951 HOBSON STREET
LONGWOOD FL 32750

Mailing Address
951 HOBSON STREET
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/23/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 — County — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 — County — 30

4. FEI Number: 59-3246578 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LENK, ROBIN P
951 HOBSON STREET
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
81 Name: Robin P. Lenk
82 Street Address (P.O. Box Number is Not Acceptable): 951 Hobson St.
83
84 City: Longwood FL 85 Zip Code: 32750

11. Pursuant to the provisions of Section 607.0502 and 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	
President	Robin P. Lenk	951 Hobson St.	Longwood, Fl. 32750	☐ Change ☒ Addition
	Linda Wilson	509 Vernon Place	Orlando, FL 32803	☒ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, if voluntarily furnished, will not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or is an attachment with an address.

SIGNATURE: Robin P. Lenk ROBIN P. LENK 4-24-95 (407) 260-1400
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #

0041471 CP